

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:)	
)	Chapter 11
W.R. GRACE & CO., <u>et al.</u> ,)	
)	Case No. 01-1139 (JKF)
)	Jointly Administered
Debtors.)	
)	Objection Date: January 3, 2012 at 4:00 p.m.
)	Hearing: Schedule if Necessary (Negative Notice)

**COVER SHEET TO SEVENTIETH MONTHLY INTERIM APPLICATION OF
DAVID T. AUSTERN, ASBESTOS PI FUTURE CLAIMANTS' REPRESENTATIVE
FOR COMPENSATION AND REIMBURSEMENT OF EXPENSES FOR THE PERIOD
AUGUST 1, 2011 THROUGH AUGUST 31, 2011**

Name of Applicant:	David T. Austern, Asbestos PI Future Claimants' Representative ("FCR")
Authorized to Provide Professional Services to:	As the FCR
Date of Retention:	May 25, 2004
Period for which compensation is sought:	August 1, 2011 through August 31, 2011
Amount of Compensation (100%) sought as actual, reasonable, and necessary:	\$1,550.00
80% of fees to be paid:	\$1,240.00 ¹
Amount of Expense Reimbursement sought as actual, reasonable and necessary:	\$ 0.00
Total Fees @ 80% and 100% Expenses:	\$1,550.00

¹ Pursuant to the Administrative Order, as Amended dated April 17, 2002, absent timely objections, the Debtors are authorized and directed to pay 80% of fees and 100% expenses.

This is an: ___ interim X monthly ___ final application.

The total time expended for fee application preparation during this time period is 0.00 hours and the corresponding fees are \$0.00 and expenses are \$0.00. Such time spent on such tasks will be requested in subsequent monthly interim applications or have been performed by the FCR's bankruptcy counsel, Orrick, Herrington & Sutcliffe LLP.

COMPENSATION SUMMARY
AUGUST 2011

<u>Name of Professional Person</u>	<u>Position of Applicant</u>	<u>Hourly Billing Rate</u>	<u>Total Billed Hours</u>	<u>Total Compensation</u>
David T. Austern	Future Claimants' Representative	\$500.00	3.10	\$1,550.00
Grand Total:			3.10	\$1,550.00
Blended Rate: \$500.00				

Total Fees: \$1,550.00
Total Hours: 3.10
Blended Rate: \$1,550.00

COMPENSATION BY PROJECT CATEGORY

<u>Project Category</u>	<u>Total Hours</u>	<u>Total Fees</u>
Plan & Disclosure Statement	3.10	\$1,550.00
TOTAL	3.10	\$1,550.00

EXPENSE SUMMARY

<u>Expense Category</u>	<u>Total</u>
No Expenses	\$0.00
TOTAL	\$0.00

Respectfully submitted,

Dated: December 12, 2011

/S/ DAVID T. AUSTERN

David T. Austern
Claims Resolution Management Corporation
3110 Fairview Park Drive, Suite 200
Falls Church, VA 22042-0683
(703) 205-0835